## BRIGHAM CITY RECREATION REGISTRATION FORM FOR

## PONYTAIL SOFTBALL

(4<sup>th</sup>, 5<sup>th</sup> & 6<sup>th</sup> Grade)

Participant'	's Name:					
Address:						
Age:	School Name: _	Grade:				
Home Phor	ne: Cell Phone:					
		rovide any insurance for participants. It is e coverage of their own, prior to registration.				
hospital care that conditions are n	at may be rendered by a physic necessary to preserve the life, li	, on behalf of my child, hereby consent to emergency medical or ian or hospital. This care may be given under whatever mb, or well being of my dependant.				
FEES:						
□\$35.00 Pon	ytail Registration (include	es shirt)				
	shirt sizes (adul	t sizes) S, M, L, XL (circle one)				
□\$40.00 <u>afte</u>	<u>r</u> April 30					
4.4.		ecks Payable to BCC****				
**]	•	teams on a first come first served basis**  ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦				
Softball cont written warn will specificated Knowing the Softball outwood child, I agree claims arisin participation. participating I furt documentary	thorize my child to partains certain dangers and ings or verbal instruction ally look for and instruction any risk associated to release Brigham Citag from known, reasonal. I further understand in any activity beyond his ther consent to allow my any promotional, exclusive in any manner incidental	elease/Waiver & Consent cicipate in Ponytail Softball. I understand Ponytail inherent risks, particularly if my child fails to follow sor engages in activities beyond his or her abilities. It my children on these dangers and warning signs, the benefits of my child's participation in Ponytail with this activity. Individually, and on behalf of my cy Corporation and its agents and employees from all pole and/or inherent risks associated with my child's that it is my responsibility to keep my child from sor her abilities. In child's picture or likeness to appear in any official television, radio or film coverage of the Recreation of the participation in the activity herein, without				
		Date:				
Signature of 1	Parent or Guardian					
♦ ♦ ♦ ♦ ♦ ♦ I would be in □ Coaching □ Assistant	5	Name: Phone:				
<b>-</b> 113313tant	Coaching	Thone.				
REFUNDS:	75% REFUND IF REOUEST	QUEST FOR REFUND IS MADE BEFORE THE PROGRAM BEGINS FOR REFUND IS MADE AFTER $1^{\rm ST}$ WEEK OF PROGRAM FOR REFUND IS MADE AFTER $2^{\rm ND}$ WEEK OF PROGRAM FOR REFUND IS MADE AFTER $3^{\rm RD}$ WEEK OF PROGRAM				

Staff Initials\_\_\_\_\_